MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, and 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH b, COUNTY by the fi Kent Kent MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) C. LENGTH OF STAY IN 1b carbon papers. Pag Still Pond vears B. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES X NO executed within completely ease remove carbon and in any event, with 3. First DATE Month Day Year NAME OF Middle Last DECEASED Peter Bodnar March 19 66 DEATH (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Months | Days | Hours | Min. 6. COLOR OR RACE OATE OF BIRTH 9. NEVER MARRIED 7. MARRIEO attending physician and rmit. Then please remon, or removal, and in any Male White unknown OIVORCED [WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? certificate be Agriculture Zennic Austria U.S.A. Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. | this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or (Yes, no, or unknown) | (If yes pive war or dates of service) Charles J. Glasser, Still 05 Vorld War Pond INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (a). OUE TO Conditions, if any, which BOULA gave rise to immediate DUE TO cause (a), stating the underlying cause last. (C) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? CERTIFICAT NO Z YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of inlury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) be de State Hour a.m. Whlle Not While FUNERAL DIRECTOR: After irector, page 3 should be of pould be filed with the State at work at work! 3-20 21. I certify that (I) (this hospital) attended the deceased from 1966 19(a) that (I) (we) last and that death occurred at 6 M, from the causes and on the date stated above. 66 saw the deceased alive on OATE SIGNED 22a. SIGNATURE ATTENDING -25-66 DIRECTOR PHYS M.O. PHYS. **ADDRESS** PHYSICIAN'S director, p C. Dick Chestertown, NAME (Type) Harvland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREO! 2 REMOVAL (Specify) gton National Arlington Buria. REC'D BY REGISTRAR IN 28 1966 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VR A15 (4) Pond. 15M 4-64

FOR STATE HEALTH DEP DEPT.

TO BEPUTY MEDICAL EXAMINER. This certificate minute be executed within 24 hours after death. If any delay in necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 3 should be used as a burial-transit permit. File pages 1 and 1 the State Department agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page of Health or its designated

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VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03861

1. PLACE OF DEATH 9. COUNTY Kent MARYLAND	a. STATE Maryland b. COUNTY Kent a. STATE Maryland b. COUNTY Kent
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Chestertown Rural lifetime	Chestertown Rural /4-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
At Home Flatland Road	Flatland Road ON A FARM?
3. NAME DF FIrst Middle DECEASED (Type or print) John Martin Curlett	4. DATE Month Day Year OF DEATH Mar. 10, 1966 19
7. WARRIED TE METER WARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthday) Months Days Hours Min.
male white widowed Divorced 1	.2/23/1922 43 vrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Buring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Electrial Contractor owner	Queen Anne Co. Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Curlett	Martha Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Diana H Curlett RFD
(Yes, no, or unkown) (If yes give war or dates of service) 219 12 9991 [
yes www.ri	Chestertown, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: An teriosclero	tio cardio-rascular dispassonset AND DEATH
IMMEDIATE CAUSE (a)	short
DUE TO Deceased had co	omplained of chest pain off and
Conditions, if any, water 1 (6)	of two or three weeks. He was
cause (a), stating the Council dood in his wor	rk-shop by his son.
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COUNTY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Wulle - Not Mulle	pry, street, office bidg., etc.)
p.m. 19 at work 1 21. I certify that I took charge of the remains described above, hel	Id an Autopsy , Inspection X Inquiry , and In my opinion
death resulted from: Natural causes K, Accident , Sui	
ACTUAL (VL)	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE Kent County	M.D. ASSISTANT MEDICAL EXAMINER
Personne D 1	Modern (Street, city, town, or county) 3/10/66
	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) 3/12/66 23c. NAME OF CEMETERS I. U. Cemet	-
24. AUNERAL DIRECTOR Chestertown.	364
J-Willis Words Ones College	, Ma. DATMAR 14 1968 Julye Judge

Two casts the telephones at he complete a land of the cast of the Dis No make dende in heper towns and heares will and of telline south to out to believe until no ance who were need without he hard brought

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

}		0386	2		CERT	IFICATE	OF	DEATH				1) 3	85	2		
		PLACE OF DEATH D. COUNTY Kent			M	ARYLAND	0. 5	IAL RESIDENCE (TATE Arvland	Where dece	ased lived, i	b. COUNT		e befare	admissio	n)	
	ŀ	D. CITY OR TOWN (If outside corporate limit	S,	c. LENGTH OF STA			OR TOWN (If or	atside corpo	prote limits,			negresi	town)		
			give nearest town)		16 day			hestert				111 - 1				
			AL OR INSTITUTION (If n	at in hasnital		3		EET ADDRESS	JW (I				7	IS RESID	FNCF	
2			ieen Anne's					02 Mt. V	Verno	n Aver	iue			ON A FA	RM?	
		NAME OF	Fi	rst	Middle			Last	4. DATE		Manth		Day	Yeo	ľ	
	(DECEASED (Type or print)	Rav	mond	Leal	and	Ct	ushing	OF DEAT	H P	farch		25	19 (66	
	S. 5		6. COLOR OR RACE	7. MARRIED	NEVER MARE	RIED 18	DATE	OF BIRTH		9. AGE (In	yeors		YEAR	IF UNDER	24 HRS.	
-		Male	White	WIDOWED	DIVOR	CED 🗀		2-02		63		Manths	Days	Hours	Min.	
9	10a.	. USUAL OCCUPATION ng most of working	(Give kind of work done	10b.	KIND OF BUSINESS OR INDUSTRY		11_Bt	RTHPLACE (County	& State, ar	fareign count	ry)		IZEN OF JNTRY?	WHAT		
1	E	ngineer	ms, even n remedj	Cam	pbell Sou	p Co.	C	anada				(0)	U.S	.A.		
		FATHER'S NAME						OTHER'S MAIDEN	NAME							
		Robie (Cushing					Addie	Komp	ton						
	IS		R IN U.S. ARMED FORCES?	1 16	SOCIAL SECURITY NO	17 11	NFORMA		кешр	LOH	Address					
	(Ye	s, na, ar unknawn)	(If yes give war or dates	f service)							Addios					
	_	No			3-03-475) (H	losp	ital Red	cords							
1			18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Wentricular Fibrillation NIERVAL BETWEEN OUSET, AND DEATH OUSET, O													
		PARI I, DEA	IMMEDIATE CAUSE					on								
		4201	DUE	то Муо	cardial I	nfarct	ion						26	days		
		Canditians, if any		(b) Cor	onary athe	eroscl	eros	sis					SEVE	eral	YIS	
		rise to immediat		TO												
		last.	Trying coose	(c)												
		DAPT II OTHER CI	GNIFICANT CONDITIONS (`	TO DEATH BUT NOT	DELATED TO T	HE TEDM	INAL DISEASE CO.	NDITION GI	VEN IN PART	1(0)		10	WAS AUTO	PSY	
	NO.	PRATE OTTER SE	DAILICHAE CONDITIONS	· · · · · · · · · · · · · · · · · · ·	TO DERTIT BUT NOT	KLINILD TO I	IIL ILKN	IIIAE DISCASE CO	NDITION OF	ATU III I VIVI	I(u)			PERFORME	D?	
2	Z.												YE	2	NO X	
	CERTIFICATION	20g ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. D	ESCRIBE HOW INJURY	OCCURRED. (Enter no	ture of injury in	Part or P	art II of item	18.)					
			MEDICAL EXAMINER)													
	MEDICAL	20c. TIME OF INJU Hour a.r	10	20d. Whil				URY (Hame, farm t, affice bldg., etc.		(City or	town)	(Cou	inty)	(5	Stote)	
		21. I certi	fy that (I) (this has	pital) atter	nded the decease	ed fram	3	-9	19 66	ta_ 3-2	25	. 19 (66, th	ot (I) (v	wel las	
			eceosed olive on	3=2	5 1966	, and that	deoth	occurred of	217A	M, from	ouses o	nd on th	ne dote	stated	above	
	ı	220. SIGNATURE	111	1								22b30/				
1			(Lewith	ter		M.D	. PHY		MED. DIRECTOR	STA PHY		3/	23/0	30		
		22c. PHYSICIAN'S NAME (Type			_		72	d. ADDRESS								
		Towns (c) po	Dr. Robe	rt W.				Chester		1						
	23 a.	BURIAL, CREMATIC	IN, 23b. DATE TH		23c. NAME OF C					LOCATION (C			(County)	(St	ote)	
0		RINGY Y TOUT	3/27/	06	Chester	Ceme	ter	y	Che	ester	town	1, Mc	1.			
7	24.	FUNERAL DIRECTO	R TY TATE TO	liams	Chester	of Otem	3/14	25a. REC	D BY REGIS		25b. REGI	ISTRAR'S S	GNATUR			
1		Marvi	TI A P MITT	r Tering	Oneseel	COMIT,	Fic	- MAR	29	1966	ych	carele	7 Ju	de		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in ony event, within 72 haurs after deaf

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Dr. Bobert II. Dare

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	ı	Division of STATIS				PARTMENT OF H W. PRESTON STR		LTIMORE, MARY	LAND 21	201		
	0386	3		CERTI	FICATE	OF DEATH				03	853	
	ACE OF DEATH COUNTY Kent			MAR	YLAND	2. USUAL RESIDENCE (0. STATE	Where dec	b. COU	NTY	nce befor		ion)
b.	CITY OR TOWN (I write RURAL and	f outside carporate limi give nearest town)	its,	c. LENGTH OF STAY		c. CITY OR TOWN (If di						
		Queen Anne		give street address)		d. STREET ADDRESS		30x 113 C			e. IS RESI ON A F YES	
. NA	AME OF CEASED (pe or print)	ſ	ist arie	Middle Elsie		lost Dewsbury	4. DAT OF DEA	E Man	th	Day		66
. SE	emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE	D B	2/17/1901		9. AGE (In years last birthday) 65 yrs.	IF UNDER Months	Days	Hours	R 24 HRS. Min.
uring H	SUAL OCCUPATION most of working ousewife ATHER'S NAME	(Give kind of work done life, even if retired)		CIND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County 14. MOTHER'S MAIDEN		r foreign country) Ohio	(1	ITIZEN OF DUNTRY? IJS		
H.	arvey Se VAS DECEASED EVE no, or unknown)	R IN U.S. ARMED FORCES (If yes give war ar dates		SOCIAL SECURITY NO.		Mary Bea	aton	Addr Chaster		Mar	vlan	ıd
	B. CAUSE OF DE PART I. DEAT 156 / onditions, if any,		E (a)Ca E TO		live	r with Meta	astes	es			ERVAL BE ISET AND I 2 yr	DEATH
r	ise to immediate toting the under ast.	e cause (a), ((b) E TO (c)									
MOLEN	PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NDITION G	GIVEN IN PART 1(a)			WAS AUT PERFORM ES	OPSY NED?
3 0		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. 0	ESCRIBE HOW INJURY (OCCURRED. (Enter nature of injury in	Port 1 or	Port II of item 1B.)				
MEDICA	Hour o.n p.n	1. 19	While at wa	rk at wark	focto	E OF INJURY (Home, farr ry, street, office bldg., etc.)		(Co	ounty)		(Stote)
		fy that (I) (this ha	spital) offer	nded the deceased	from	death occurred by	19.66	, to 3/29	, 19	66, th	not (I) (we) la

ATTENDING PHYS. M.D.

MED. DIRECTOR

STAFF PHYS.

22b. DATE SIGNED

22d. ADDRESS

Chestertown. Maryland

> 23d. LOCATION (City or Town) (County) (State)

BURIAL, (REMATION, REMOVAL (Specify) FUNERAL DIRECTOR

Dr.

A.

23b. DATE THEREOF

C. Dick

220. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

24.

ADDRESS

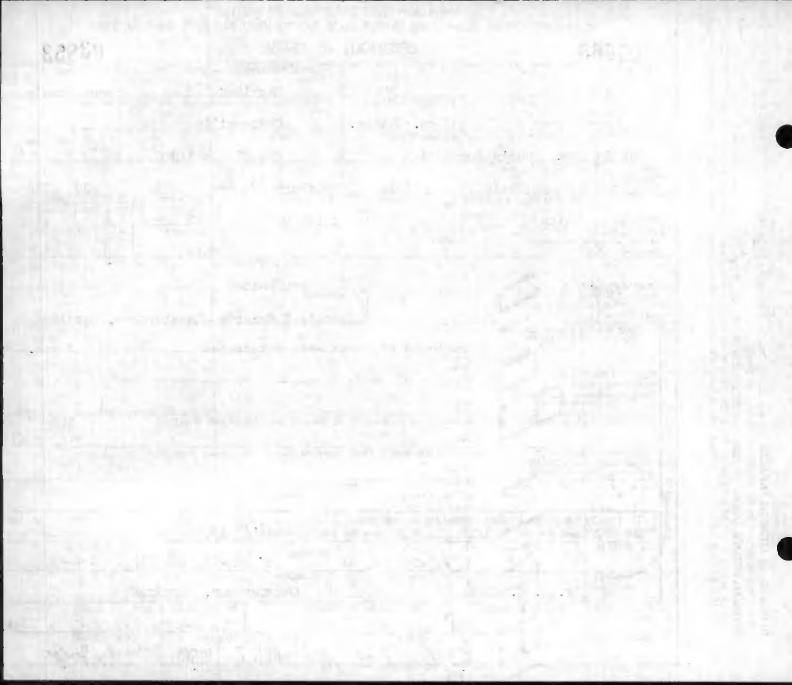
23c. NAME OF CEMETERY OR CREMATORY

250. REC'D BY REGISTRAR 1966 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then place remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OCCUPATION OF DEATH

13854

USCON CENTIFICAT	L OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Kent County, Maryland MARYLAND	a. STATE Maryland Kent County
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	R.F.D.Rock Hall, Maryland 14-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
DR. FARR OFFICE124 CHES PORTION	ON A FARM? YES NO+
(1) be or brund	Hicks A. DATE Month Day Year DEATH 3 7 1966
1. WARRIED WEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min.
Female Colored WIDOWED DIVORCED	9/14/1965 last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. Kind of Business or INDUSTRY None	Kent County, Maryland 12. CITIZEN OF WHAT County, Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Hicks	Hilda Wickes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yet no, or unknown) (If yes give war or datus of service) None	r.Alfred Hicks Rock Hall, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY:	mid (reatable) INTERVAL BETWEEN ONSET AND DEATH
491X DUE TO	1 1/2
Conditions, if any, which) (b)	/
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last.	
(0)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
LEAT	YES NO NO
PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO SERVING TO DEATH BUT NOT RELIED TO SERVING TO	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
181 Mile Maile	лу, street, office bldg., etc.)
	1-1 19(06 to 2-57 196(that (1) (we) last
ZI. GEIGHT BIGE OF THIS MOSPITAL ACTORDED BIG OCCUPACE HOME	t death occurred a M, from the causes and on the date stated above.
saw the deceased alive on 2-7 19 06 and tha	death occurred act am, from the causes and on the date stated above.
(1)// (1)//	ATTENDING - MED. STAFF - STAFF
22c. PHYSICIAN'S M.I	D. PHYS. DIRECTOR PHYS. 122d, ADDRESS
NAME (Type) Robert W. Farr M.D.	Chestertown, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) 3/9/1966 Sharptown C	Cemetery Rock Hall, Maryland
24 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Thereth Waley Chestertown,	Md. DAMAR 11 1966 Jeleviles Judge
5-133555	0 0

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then press, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or remove that many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

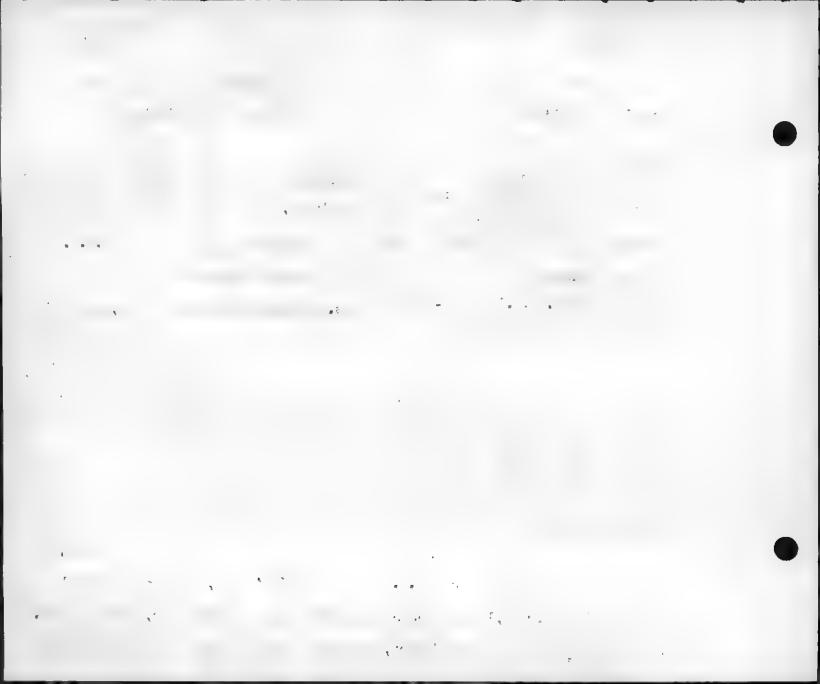
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OR OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

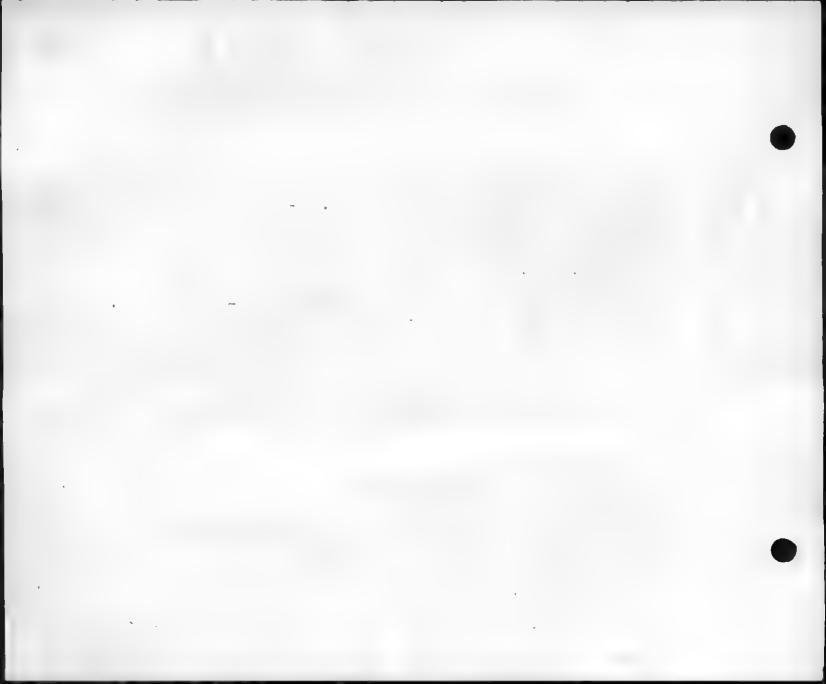
OR OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	ه ۱۹۷۷ نید انتظارات»	Day.								<u> </u>
1.	PLACE OF DEAT	Н				2. USUAL RESIDENC	E (Where decea			e before admission)
		ent		MAI	RYLAND	a. STATE	land	b. coun	Kent	
	b. CITY OR TOW	/N (if outside corpora	te limits,	c. LENGTH OF ST		c. CITY OR TOWN (If		rate limits, wri	te RURAL and g	lve nearest town)
7.	write RURAL	and give nearest tow Millingtor				Rural	M	illingto	10	
-		SPITAL OR INSTITUTION		nospital, give street	address)	d. STREET ADDRESS		rataile to	1	e. IS RESIDENCE
_										ON A FARM?
3.		Fi	irst	Middle		Last	4. DATE	Month	Da	y Year
	(Type or print)	Gilbe	art		.Te	ohnson	DEATH	March	23	19666
5.	SEX	6. COLOR OR RACE		NEVER MARR		B. DATE OF BIRTH	9.	AGE (In years I:	FUNDER 1 YEA	R IFUNDER 24 HRS
	Male	Negro	WIDOWED			uly 15,1898	67	yr 3.		Hours Min.
10	a. USUAL OCCUPAT	FION (Give kind of work ling life, even if retire	done 10b.	KIND OF BUSINESS	OR	II. BIRTHPLACE (Co	unty & State, o	e foreign country)	12. CITIZEN COUNTR	OF WHAT
	aborer	ang me, even a retae	Cor	struction		Maryland			U.S.	
13	. FATHER'S NAM	1E				14. MOTHER'S MAID	EN NAME			13.
	Thomas	Johnson				Margaret	Bowese	eT.		
	. WAS DECEASED	EVER IN U.S. ARMED FO		. SOCIAL SECURITY	NO. 17.	INFORMANT		Addres	s	
C	Yes	Army W. W.		17-14-8915	Mr	.Alberta_To	hneon l	#111inoch	on Maru	land
-		DEATH [Enter only on	e cause per	line for (a), (b), and		SEVITOGI CH 10	VIII DAIL T	<u> </u>	INT	ERVAL BETWEEN
		EATH WAS CAUSED BY	(1)	. 0	A - 4	041.00			ON	SET AND DEATH
		IMMEDIATE CAUSE	(a) 134	oudrops	THU.	ww.	<u> </u>			3 July
		DUE	TO C.D.	elas el		0 . 0 -			14	owen ?
	Conditions, If		(b)	1 Color	~~~.	mark				
	cause (a), s	PHIE	TO			0			F.	11012
_	underlying caus		(c) 111h	med of	, –	lung -				720
TION	PART II. OTHER:	SIGNIFICANT CONDITION	ONS CONTRIB	UTING TO DEATH BU	TNOTRELA	TED TO THE TERMINAL D	ISEASE CONDI	ITION GIVEN IN I		PERFORMED?
5										ES NO N
CERTIFICATION	20a, ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW IN	JURY OCCL	RRED. (Enter nature of	Injury in Par	t I or Part II of	f Item 18.)	
¥	20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED		CE OF INJURY (Home, fa		ity or town)	(County)	(State)
MEDICAL	Hour a.i		While	Not While	facto	ry, street, office bldg., e	(c.)			
Σ	p.		at wo		·	Del 73 10	962 to 1	110000 71	20/0/	1) -1 (I) () loof
	21. F certif	fy that (I) (this hos	pital) atteni			7	_ *			that (I) (we) last
		ceased alive on	1	19 66	, and that	death occurred at	SAEM, Iron	n the causes	22b. DATE S	
	22a. SIGNATU	101	1/	O alle	~	ATTENDING -	MED.	STAFF PHYS.	3.25	66
		NINC	- 6 CC	20000	M.D	PHYS. 1	DIRECTOR	PHYS.	3.23	06
	22c. PHYSICI/ NAME (T	(ypa) Gema Kor	ralewsk	i M.D.		Millin	gton,	Maryl	and 216	51
23	a. BURIAL, CREM	WATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(State)
	REMOVAL ISP Buria	T March 26		Chester	ville	Cemetery	Milli	ngton,		Md.
3	UNERAL DIR			ADDRESS			D BY REGIST	RAR 25b. RE	GISTRAR'S SIG	NATURE
1	tward.	Helkow	1, Mi	llington,	Mary	land JAR	29 19	66 900	iarles J	udgé

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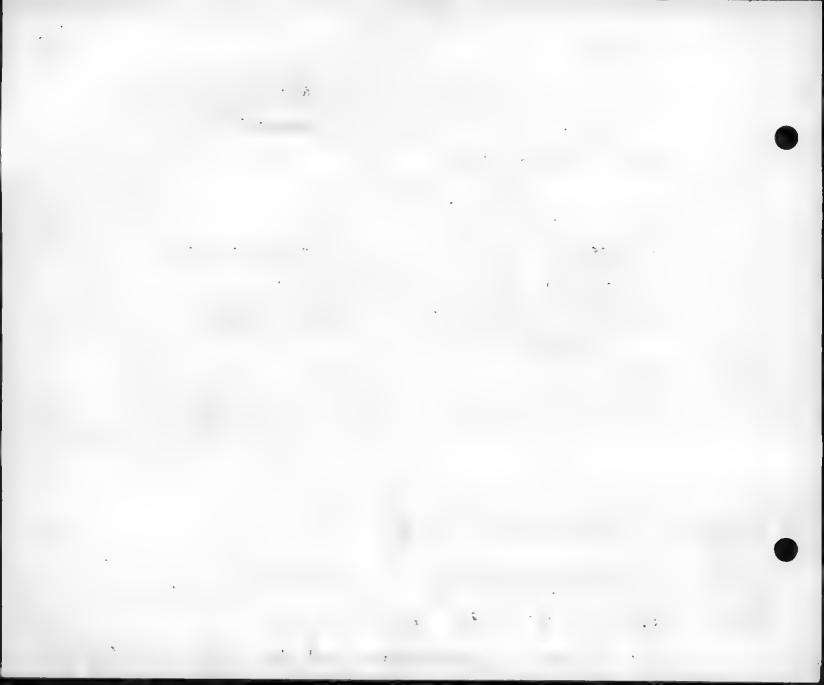


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after leath. by the funeral and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Kent ve carbon papers. Pages 1 event, within 72 hours after Kent MARYLAND b. CITY DR TDWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Write RURAL and give pearest town) Rock Hall completely filled in ve carbon papers. I e. IS RESIDENCE ON A FARM?, d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NO X thall the lenth certificate be executed within Middle 3. NAME OF DATE Kern Martha DECEASED (Type or print) Ann OF 66 March ECCL 19 c. 78-18 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED [last birthday) Months Days Hours remale attending physicial and mit. Then please real on, or removal, and any WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY Maruland Housewile 13. FATHER'S NAME MOTHER'S MAIDEN NAME or remova George Glenn Hogans 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. burial-transit permit. burial, cremation, or (Yes, no, or unknwn) (If yes give war or dates of service) Charles B. Kerr-Rock Hall. Md. the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH After this certificate has been signed by d be detached for use as the burial-transi State Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) WECK DUE TD Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 🔀 YES [20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work L at work 19 O FUNERAL DIRECTOR: A director, page 3 should should be filed with the 3 21. I certify that (I) (this hospital) attended the deceased from A. from the causes and on the date stated above. and that death occurred at 2 saw the deceased alive on DATE SIGNED 22a, SIGNATURE ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S 22d. NAME (Type) BURIAL, CREMATION, BEMOVAL (Specify) LOCATION (City, town or county) (State) NAME OF CEMETERY OR CREMATORY 23a. 9 March Maruland **FUNERAL DIRECTOR** REC'D BY REGISTRAR 24. 25a. (hurch Hi Maruland VR A15 (4 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

i ~ Ivi		03860	8		CERTI	FICATE	OF DEATH			03	857
requires that the Teath certificate be executed within 24 haurs after death, 3 physician. I signed by the attending physician and completely filled in by the funeral signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, crematian, ar remayal, and in perveyent, within 72 hours after death.		PLACE OF DEATH O. COUNTY				DVILAD	2 USUAL RESIDENCE o. STATE		b COUNTY		admission)
ffer e fc ss 1 ffer	-	Kent	foutside corporate limit	e .	c LENGTH OF STAY	RYLAND De 16	Maryland		Ken1		tauni
th age	write RURAL and give nearest town)									and give nearest	(GW/I)
haurs of the hours of hours		Chester			3 day	'S	Kennedy	ville		11	
a h		d NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital g	ive street address)		d. STREET ADDRESS			e	IS RESIDENCE ON A FARM?
within 24 ha ely filed in the bon papers within 72 ha	K	ent & Que	en Anne's	Hospita	1					Y	ES NO X
AP A		NAME OF DECEASED	Fa	est	Middle		Last	4 DATE	Manth	Day	Year
ed w		(Type or print)	Ma	rie	NMN		McLain	OF DEATH	March	20	19 66
icate be executed with issuan and completely follows remove carbon I, and in parevent, with	5	SEX	6. COLOR OR RACE		NEVER MARRI	ED B	DATE OF BIRTH	9. AG	E (In years IF	UNDER 1 YEAR onths Doys	IF UNDER 24 HRS Hours Min.
d co	F	emale	Negro	WIDOWED	Divorc	ED 📄	6-17-11	54	yrs.		
a a a	10o	USUA, OCCUPATION	(Give kind at work done life, even if retired)	10b K#	ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (Count	γ & State, or fareign	country)	12 CITIZEN OF S	TAHW
cian can and		Housewii	e				Durham, 1	North Car	colina	COUNTRY?	.A.
physician on please new please laval, and it	13.	FATHER'S NAME					14 MOTHER S MAIDEN	NAME			
th certification of the second		Charle	s Hart (D)			Annie				
re i di i	15,	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates		Address						
attendii attendii permit. ian, ar re	(10	No.									
that the Beath cer an. by the attending pransit permit. The cremation, ar rema			ATK (Enter anly one cou		1-36-7796	<i>C</i> 1	Hospital Ro	- 1	- 17	INTER	RVAL BETWEEN
physician. physician. signed by the burial-transit bur al, cremat		PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	Flan	uire -	dus	to her	eal tac	luro	ONSE	ET AND DEATH
th. by trar cre		122		In a management			2	1			
equires physici signed burial-t burial,		Canditians, if any,		(b) F-14	Vill one	24 6	ovolus	2_ 6_			
sign bur		rise to immediat	e cause (a), (N.C W	1	77		-	_	
w re ding een een rta		stating the under	lying couse	10 111	110-01	NO 12	Coload	211120	11050	5	
be be riar			CAUGACIANT COMPUTIONS (CONTRIBUTION TO	DEATH BUY NOT D	CLATED TO 1	HE TERMINAL DISEASE CO	DIDITION CIVEN IN	DART 1(c)	19 V	WAS AUTOPSY
The after a tree has considered a tree has considered a tree tree tree tree tree tree tree tr	NO	PAKI II UINEK SI	SNIFICANT CONDITIONS C	UNIKIBUTING U	2 CASE OF MUI K	ELAIES TO I	HE TERMINAL DISEASE CO	INDITION GIVEN IN	PAKI (0)	P	SEKLOKWEDS
rsician: The aspital or at aspital or at certificate ho hed far use it, af Health	CERTIFICATION	DO ACCIDENTINA	1) Leve	Q	MC EC	CELL	7	Book Los Book Harl	(YES	NO X
iclan pital o pital o rtificat d far af Hec	RTI	20o ACCIDENT WAY OR CONTRIBUTING	CAUSE OF DEATH	209. UE	CKIBE HOW INJUKY	UCEUKKED (Enter noture of injury in	PORT OF PORT II O	r item 18)		
PHYSICIAI ne haspital this certifice etached far Dept. af Ho			MEDICAL EXAMINER)								
PHYS he has his ce etache Dept.	MEDICAL	20c. TIME OF INJU Hour a.r	IRY Month, Day, Year	20d IN While	JURY OCCURRED Nat White		E OF INSURY (Hame, for ary, street, affice bldg., etc		y or town)	(County)	(State)
NG the ter the de	×	рг	10	ot wark		lucio	ny, snee-, ornice olog., or	"			
Affer Stat		21. I certi	fy that (I) (this has		led the decease	d from		19 <u>66</u> , ta			
ATTENDING PHYSICIAN: stained by the haspital or CTOR: After this certificate should be detached for c ith the State Dept. af Hea		saw the d	eceased alive on	3-20	19 <u>66</u> ,	and that	death accurred a	t. 3 45/ AM, fro	am causes and	d on the date	stated above
Should the training of the tra		22c SIGNATURE	1/		1200		ATTENDING NOT	MED.	STAFF	22b. DATE SIGNE	
DIRE DIRE			Hauce	21/	ass	M.D). PHYS.	DIRECTOR .	PHYS.	3-21	1-66
rat o		22c. PHYSICIAN'S	770	/			22d ADDRESS				
TO HOSPITAL OR Page 4 may be re TO FUNERAL DIREC director, page 3 shauld be filed wi		NAME (Type	Dr. Harr	y P. Ro	SS		Cheste	rtown, Ma	aryland		
UNI Scro	230	BURIAL, CREMATIC	IN, 235 DATE TH	EREOF ALL	23c NAME OF CEI	METERY OR I	REMATORY	23d LOCATIO	DN (Gity ar Town)	(County)	(State)
Pag Pag Apr		REMOVAL (Spec fy	1 3/2	3/1966	ANK	50	EMETERY				
V	24	FUNERAL DIRECTO		1	ADDRESS			D BY REGISTRAR		RAR'S SIGNATURE	
VR A15 (4) 1		Tenne U	a Walson	Ch	esterta	WN.	md MAR	2 4 196	6 Jelio	weer Jus	ete.



(M)

03268

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	Dist.	No.	3	S	5	8
MARIN .	den a den e	1401				5 /

- 2 E														
	1. PLACE OF DEATH a. COUNTY	Kent		MARY	LAND	2. USUAL RES		Yhere deceo yland		institu DUNT		dence be	fore adm	ission)
	b. CITY OR TOWN 116 Millington	outside corporale filmits, write (rural)	RURAL	many year					porote limits, (rural)		RURAL o	nd give n	earest to	wn)
	d. NAME OF HOSPIT	AL OR INSTITUTION (II	not in hos	pital, give street addres	is)	d. STREET	ADDRESS						ON	ESIDENCE A FARM? NO K
	3. NAME OF DECEASED (Type or print)	Mat ti e		Middle	Pa	rtridge		4. DATE OF DEATH		Month		10		rear 19 66
	s. sex Female	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	_	DATE OF BIRTH		89	9. AGE (In ye	yrs.	Months	R 1YEAR Doys	IF UND	ER 24 HRS Min.
	10c. USUAL OCCUPATION during most of workin HOUSEWife	ON (Give kind of work d g life, even if retired)		n Home	INDUSTRY		ACE (State		country)		12. CI		F WHAT JSA	COUNTRY
	13. FATHER'S NAME					14. MOTHER'S		_						
	Thomas Pil		cesa la			Kissi	e C.	Eller						
	15. WAS DECEASED EV	ER IN U. S. ARMED FOR Ill yes, give war or dates of s	ervice)	6-28-2344		ormant Helen	M. R	ash,	Mill:	ing	ton,	Md.	216	51
		TH [Enter only one coust TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Prol	bable arter								ONS	TAND DE	ATH DWIL
	4221	DUE TO		to have be										
	Canditions, if a gove rise to immed	iate couse		in her hom PM, 3/10/6		nere si	ie II	ved gr	one, a	T. c	TUOUE	8:3	0 to	,
	(a), stating the couse last.	anderlying DUE TO		, 0,20,0										
	PART II. OTH	IER SIGNIFICANT CONE	itions <u>co</u>	ENTRIBUTING TO DEATH	H BUT NO	T RELATED TO	THE TERMI	INAL DISEAS	E CONDITION	V GIV	EN IN PA			AUTOPSY PRMED?
`	20a. EXTERNAL CAL PRIMARY ar COI CAUSE OF DEATH.	USE WAS TRIBUTING []	. DESCRIBE	HOW INJURY OCCUR	RED. (Ent	er nature of in	jury in Por	t I or Part II	of item 18.}					NO 24
	ZOC. TIME OF INJUI Hour o. m. p. m.	Month, Day, Year		NJURY OCCURRED 20 Not while rk at work	De. PLACE factory	OF INJURY ()	tome, form bldg., etc.	20f. (Cit)	y or town)		{C	ounty}		(Stote)
		at I took charge						-	nspection	石,	Inqu	ry 📋	, and	find tha
	death resulted	from: Natural o	auses [2	, Accident ,	. Suici	de 🔲, H	omicide	, ∪	ndetermin	ed c	ause [].		
	ACTUAL SIGNATURE	thert	W.	Jan		M.U.		KAMINER [Ma	rch	Port :	1996
	savence (sype)	obert W. Fa						AL EXAMINE EXAMINER						
	PRINCIPLE BURIAL CREMATION REMOVAL (Specify)	Mar, 15, 19	66	22c. NAME OF CEMETE Millington					TION (City, to				(State	*
	23. FUNERAL DIRECTOR	S SIGNATURE //	hei	ADDRESS	13	r.f.	240. REC'I	D BY REGIST	18AR 246.		TRAK'S S		dge.	,

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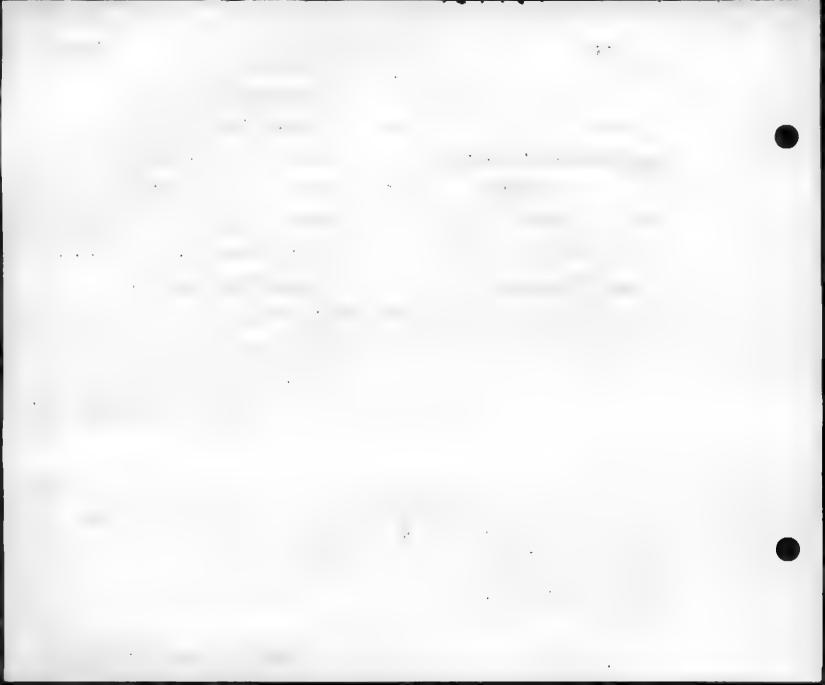
	DIVISION OF STATISTICAL RESC			ici, Datimort, marit.	
9306		CERTIFICAT	E OF DEATH		03859
1, PLACE OF DEATH a COUNTY		MARYLAND	o STATE	Where deceased lived, if institute b COUN	
b CITY OR TOWN write RURAL o	(If autside carparate imits no give nearest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If or	ey uts de corporate limits, write RUR	A. and give nearest town)
Chester	rtorm	4 days	Pleasant	ville	
d NAME OF HOSP	ITAL OR INSTITUTION (If not in hospital,	give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Kent & O	ueen Anne's Hospit	t-a1	24 E. Fr	ambes Avenue	YES NO X
3. NAME OF	First	Middle	Last	4 DATE Month	Doy Year
(Type or print)	Kenneth	George	Reese	OF DEATH Marc	h 16 19 66
5 SEX	6 COLOR OR RACE 7 MARRIED		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	White WIDOWED		3-10-27	lost birthdoy)	Months Days Hours Min.
	WALLEC	KIND OF BUSINESS OR		& Stote, or foreign country)	12 CT ZEN OF WHAT
		NDUSTRY	,		COUNTRY?
Service	Engineer			lphia, Pa.	U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Samue	l Dingy Reese	(L)	Mildred '	Theo Sykes	(L)
S WAS DECEASED E	VER IN ILS ARMED FORCES? 16	. SOCIAL SECURITY NO 17	INFORMANT	Addre	ss
Yes, no, ar unknown	(If yes give war or dates of service)	L77-20-2972	lospital Rec	ords	
	DEATH (Enter only one cause per line fo		/	<u> </u>	INTERVAL BETWEEN
	ATH WAS CAUSED BY	rocardial in	Lantin		ONSET AND DEATH
42		1	quiences	<u> </u>	. 7
*	30E 10	10.		F . 1	j . 7
nse to mmeda	ate course (a)	uniman ed	min 4-Cox	sestin fall	mu =
stoting the und			-4	0	J 1
last	(0)	ermual a	systale.		Comman
PART II OTHER	SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE CO	NDITION GIVEN IN PART 1(e)	19 WAS AUTOPSY PERFORMED?
5					YES NO
← 1 20m ACCIDENT W	AS JNDERLYING [] 205. [DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Part I or Port II of item 18.)	
	IG □ CAUSE OF DEATH Y MEDICAL EXAMINER)				
1 (B LITTLE, ROTH		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n. 20f. (City or town)	(County) (State)
200 TIME OF IN	I.m. Whil		ctory, street, office bldg, etc.		(3011)
.	o.m. = 19 at wa				
	tify that (I) (this haspital) after	nded the deceased fram_	3-12-	19 <u>66</u> , ta <u>3-16-</u>	, 19 <u>_66,</u> that (I) (we) la
	deceased alive an 3-16	19 <u>.66</u> _, and the	at death accurred at	M, fram causes	and an the date stated above
220 SIGNATUR			ATTENDING TO	MED STAFF	22b DATE SIGNED
	I Cher N tar	M	LD PHYS	DIRECTOR PHYS	3-16-66
22c PHYSICIAN			22d ADDRESS		
NAME (Typ	e) Dr. Robert W. Fa	arr	Chester	town Maryland	
30. BURIAL, CREMAT		23c. NAME OF CEMETERY OR		23d LOCAT ON (City of Tox	vn) (County) (State)
REMOVA (Speri Burial	3/19/66	Magnoli			Co. Penna.
24 / FUNERAL DIRECT	TOR.	ADDRESS			GISTRAR'S SIGNATURE
THE PIREC	100 . () . 00	Chestertown			Canto Tusse

to Hospital or attending PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the bural-transit permit. Then please removed about appers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66

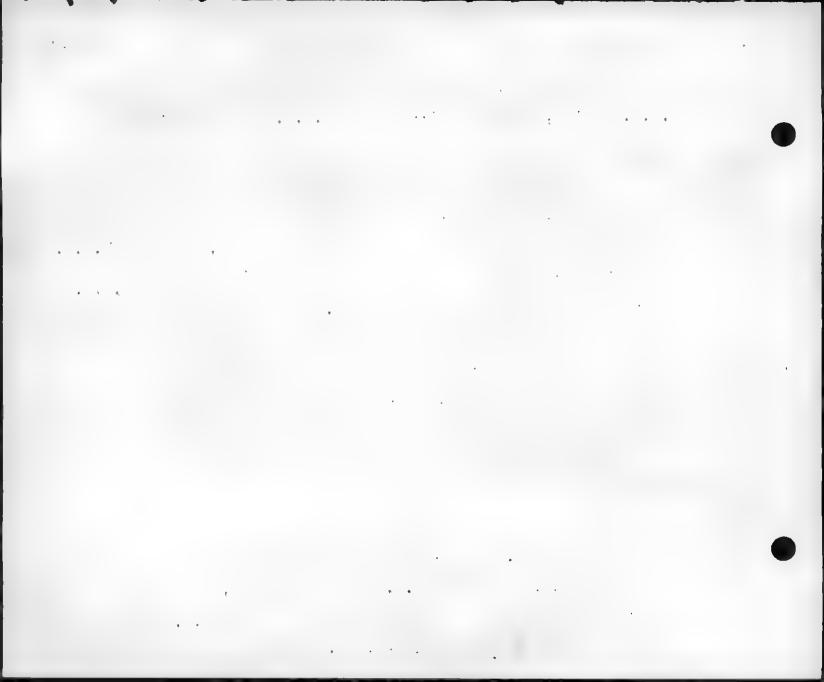


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

DIAGRAPH OF SEATH

12000	0000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Kent County, Maryland MARYLAND	Maryland Kent County
b. CITY OR TOWN (it butside corporate limits C ENCTH OF STAY IN 1	
R.F.D. Worton, Maryland Lifetime	P D D Womton Women d / /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	R.F.D. Worton, Maryland / f
	ON A FARM?
At Home	YES NO L
3. NAME OF First Middle OECEASEO	Last 4. OATE Month Day Year OF
(Type or print) Amelia	Robert DEATH 3 9 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Colored WICOWED T DIVORCED	6/17/1888 77 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INOUSTRY House Wife	
13. FATHER'S NAME	Kent County Maryland U.S.A.
Edward Jackson	Charlotte Snowden
(Yes, pg, or unkown) (If yes give war or dates of service)	7. INFORMANT Address R. F. D. #1
NO NONE M	rs.Mildred Jeff Worton, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Escaler Goog That Cheep
2 2 / V	
Conditions, if any, which OUE TO Ratezarden	ion Kepeztentron
g gave rise to immediate r	Las Hirrary
cause (a), stating the OUE TO	
(0)	THE STATE OF THE PERSONNEL WAS DEED AS THE PERSONNEL WAS ALTERDED.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REPORT OF A CONTRIBUTING TO CAUSE OF OF A CONTRIBUTING TO	ELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
201	YES NO X
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. Fa	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ctory, street, office bldg., etc.)
	1 12 2002 1 0 2 2 20 1 1 1 1 1 1 1
21. I certify that (I) (this hospital) attended the deceased from_	1-12, 1963 , to $2-26-$, 1966 , that (1) (we) last
	hat death occurred at 7 AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MEO. STAFF
	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Day 2 of the Time Time	22d. ADORESS
NAME (Type) Rudolfs Eglitis M.D.	Rock Hall, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burral (Specify) 3/14/1966 Union Cem	netery R.F.D.Worton, Maryland _
24. FUNBRAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Tenneth Waller Chestertown,	Md. MAR 14 1956 Plearley Judge

VR #15 (4) 20M 1/65

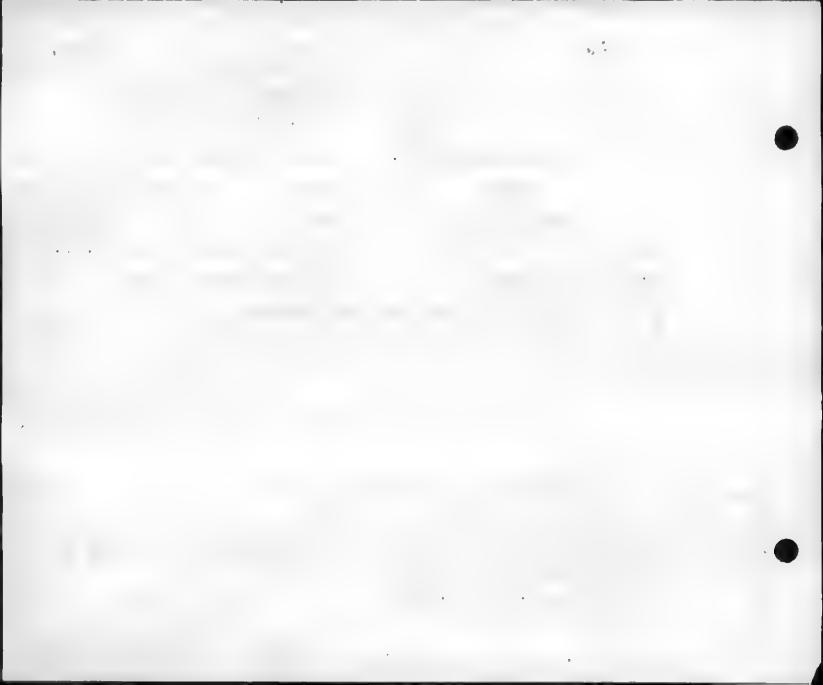


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	9387	5		CERTIFIC	ATE	OF DEATH		()	1388	1	
	PLACE OF DEATH				I		Where deceased lived, if institu		ce before odn	n ssion)	
	a, COUNTY Kent			MARYLAI	ND	o STATE Maryland		ent			
	b CITY OR TOWN (If outside corporate limit digive nearest town)	is,	C LENGTH OF STAY IN 1	b	c CITY OR TOWN (If as	utside carporate limits, write Rl	JRAL and give	e nearest tow	n)	
	Chestert	own		17 days		Rock Hal	1	•	, .		
	d NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, j	give street address)		d. STREET ADDRESS			e IS	RESIDENCE A FARM?	
F	Kent & Qu	ieen Anne's	Hospit	al, Inc.		Rock Hal	1 Avenue			ZXON 🗍	
3.	NAME OF	F	irst	Middle		Last	4 DATE Mor	oth	Doy	Year	
	DECEASED (Type or print)	How	ard	William .	l	Stewart	OF DEATH Marc	h	24	19 66	
S	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	8	DATE OF BIRTH	9 AGE (In years last birthday)	IF UNDER		INDER 24 HRS	
Ma	ale	Negro	WIDOWED	DIVORCED [2-11-1895	70 Yrs.	MUTHITS	Days Ho	מואו	
		(Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (County	& State, or foreign country)		ZEN OF WHA	AT	
gul	ing grost al working LADOT	lite, even it retired)	I IN	DUSTRY		Kent Co.,	Maryland	(0	U.S.A.	•	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	William	Alfred Ste	wart	(D)		Melissa	Bearyman	(D)			
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17 IN	FORMANT	Add	ress			
1	NO	(If yes give war ar dates	18	80-07-1253	Hos	pital Reco	rds				
Ī	1B. CAUSE OF D	EATH (Enter anly one co	use per line far	(a), (b), and (c).)						L BETWEEN	
	PAKI I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Cona	estive hear	t fa	il_ure			3 mon	ND DEATH	
				riosclerotic			ar Disease		unkpo	wn	
	Conditions, if any, which gave (b)										
	stoting the unde		TO								
	lost		(c)				····				
NO	PART II OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELATE	D TO TH	E TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19 WAS PERF YES	AUTOPSY ORMED? X	
CERTIFICAT ON	20o ACCIDENT WA	S HINDERLYING [7]	T 20h DE	SCRIRE HOW INTERY OCCU	IPRED (F	nter nature of injury in	Part I or Part II of item 18.)		1 115 [ا ۳۰ ادا	
ERTI	OR CONTRIBUTING	CAUSE OF DEATH	200 00	SCRIDE HOW INJOK! OCCO	KKED. (E	mer novoic or mijory in	rail to trail if of sell: 10.)				
		MEDICAL EXAMINER) URY Month, Day, Year	20d II	NJURY OCCURRED 20	ne PLACE	OF INJURY (Hame, fam	n, 20f. (City or town)	ff no	unty)	(Stote)	
MEDICAL	Hour o.	II.	While at war	Not While		y, street, office bldg , etc.		(55)	o()	(3,0,0)	
	21 I certi	fy that (1) (this ha	spital) atten	ded the deceased fro	am		19 <u>66</u> , to 3-24	, 196	6 , that ((I) (we) las	
	sow the d	ecegseli olive on_	3-24	19 <u>66</u> , on	d thot	deoth occurred at	12 45 M, from causes	and on th	he date st	ated abave	
	22a. SIGNATURE	Stuth	Jan		МD	ATTENDING PHYS	MED STAFF DIRECTOR PHYS.	□ 22b. by	ate s gned 25/66		
	22c. PHYSICIAN'S					22d. ADDRESS					
	NAME (Type	Dr.	Robert	W. Farr		Chest	ertown, Maryl	and			
230	BURAL, CREMAT O		EREOF	23c NAME OF CEMETER		-	23d LOCATION (City or To	/	(County)	(Stote)	
	SUR. Al	112	8/66		UWY	UCEMI	ROCK HA	7.1	KENT.	Mo	
24	FONERAL DIRECTO	OR O	/	ADDRESS		1 1 1 24	0 0 0 4000 0	REGISTRAR'S SI	GNATURE	4.5	
	Janneth	Waster	CN	esterior	UN,	M DATMA	R 2 9 1966 🔏	Clian	es Jus	age.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the duath certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tempered carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Many-event, within 72 hours after deal should be filed with the State Dept. of Health prior to burial, cremation, or removal, and Many-event, within 72 hours after deal Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20 M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Them pleame remove marbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. executed within 24 hours after death. TO NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

		MARYLAND ST	TATE DEP	ARTM	ENT OF	HEALTH		
DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
02075		CERT	TIFICATE	OF	DEATH			02000

10006			<u> </u>							1/	
1. PLACE OF DEATH a. COUNTY Ke	nt					ylan	e deceased lived, If h	IAITM	Residence	before ade	alssion)
	if outside corporate	limite	MARYLA c. LENGTH OF STAY I		c. CITY OR TOWN (If	4				e nearest	fown)
write RURAL an	d give nearest town)) IIIIIII I		14 70					a die	1	
Chestertow		W = 4 1= 6 a	25 days		Rur		Chestert	own	14	IS RESI	DENCE
	en Anne's		ospital, give street add	iress)	d. STREET ADDRESS					ON A F	ARM?
		*									NO
3. NAME DF DECEASED (Type or print)	Firs Arthu		Middle Thomas	St	Last ryckning	DF	EATH 3		Day 29	Year	66
5. SEX 6	. COLOR OR RACE 7	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
Male N	egro	WIDOWED	IN DIVORCED		11/11/86		79 yrs.	Months	Days	Hours	Min.
1Da. USUAL OCCUPATIO	(Give kind of work do	one 10b. KI	ND OF BUSINESS OR	-	11. BIRTHPLACE (C	county & S		ry) 12. C	ITIZEN C	F WHAT	
during most of working Farm lab			IDUSTRY rming		Kent Co.	. Mar	rvland	1		S.A.	
13. FATHER'S NAME	0202	1 10	2010010	1	14. MOTHER'S MAIL				0.	0 4174	
John Thom	as Stryckn	ing			Rebecca						
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17.	INFORMANT		Addr	BSS			
(Yes, no, or unkown) (I	yes give war or dates or s		8-20-6686		Hospital R	ecor	ds				
1 18. CAUSE DF DE	ATH (Enter only one	cause per il:	ne for (a), (b), and (c).]						RVAL BET	
PART I. DEAT	H WAS CAUSED BY:	1	teriosel		tie Cardia	1 110	- 1- 7	150000	0.00	ET AND D	EATH
11 000	MMEDIATE CAUSE (8	7	10010301	16~0	TIZ CUVATIO	0-00	Tenas D	13 60100	-	1	
4221	DUE TO	0	all ah		tord duy ca		1. 1.21	.11.	in of	-	
gave rise to in	mediate (UN JAM	fw c	your sugen	CALL -	sxug x	THE M	-		
cause (a), stat	ing the DUET	down	To deuth	014	Lul Herr	md:	Doty med	Ex-1	dute	ame	4
PART II. OTHER SIG	NIFICANT CONDITION	SCONTRIBU	TING TO DEATH BUT NO	TRELAT	TED TO THE TERMINAL T	DISEASE	CONDITION GIVEN I	N PART 1(a)	19.	WAS AUT	TOPSY
Trai	etune o		ats H	.10					YES		NO.
PART II. OTHER SIG	AS UNDERLYING CONTROL OF DEATH Y MEDICAL EXAMINE	2Db. D	DESCRIBE HOW INJURY	r odcui	RRED. (Enter nature of	f injury	in Part I or Part II	of item 1	8.)		
			Tello	27	home			10 -		/m	4-4-5
ZDc. TIME OF INI Hour a.m. p.m.	URY Month, Day, Yo		NJURY OCCURRED 20		y, street, office bldg., e		Of. (City or town)	(G0	unty)	(5	tate)
E p.m.	3. 4 196	While at work	Not While at work		tome		4	en	T	M	d
21. I certify	that (I) (this hospif	tal) attende	ed the deceased fro	m	3.4.1	966,	to 3.25	19	-6, th	at (1) (w	e) last
	ased alive on	3.29	19 6 4 an	d that	death occurred at	3 M	, from the cause:				above.
22a. SIGNATURE		1	-/		ATTENDING	MED.	STAFF _	22b.	DATE SIG	NED	
	Call the	Le	fera	M.D.	PHYS. (X.)	DIRECTO	OR PHYS.] 7/	21/	66	
22c. PHYSICIAN' NAME (Type		T. Kee	fe, M.D.		22d. ADDRESS Chester	town	, Maryland	1			
23a. BURIAL, CREMAT	ION, 23b. DATE TH	IEREOF .	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (City,	town or co	ounty)	(Sta	ate)
REMOVAL (Speci	y) 4/2/	1966	mozen	EC	CEM.	(N	EARICH	ESTOR	ton	IN, W	10
24. FUNERAL DIRECT	OR /		ADDRESS					REGISTRAF			-
2/ Omnot	5 Waller	61	restert	IN	N. Ma MAPF	74		Maril	en Ja	edge	
211/40	0000		1		- DATE				0	- Cl	

VR A15 (4) 15M 4-64

SHREE eider ... and we are the supplied and the supplied the supplied to the suppl Association of the Control of the Co Therefore, experience of the contract of the c THE PARTY OF THE P

ony, please exe	age 4 should be		ırial, crematian,	
de' Ain necesse	rol Ettor, P.	or files.	trar prior to bu	
death. If any	d 3 to the fune	retained for ya	2 with the regis	
n 24 hours after	e Poges 1, 2, on	Page 5 may be	ile pages 1 and	
e executed within	in Item 18. Give	vith form PM3.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation,	
ificate shauld be	ding" in pencil	s Office along v	sed as a burial-	
INER: This cert	the word "pend	dical Exeminer	e 3 should be u	
EPICAL EXAM	of writing	the Chief Med	DIRECTOR: Page	
TO DEPUTY M	cute the cert	forworded to	TO FUNERAL I	Josephan Jo
VS	. A	15/	wei	51

-	PLACE OF DEATH	1			2.1	SUAL RESIDENCE	(Where deceas	ed lived. If institu	Reg. Di		odmission)
	a. COUNTY	Kent		MARY	11	- STATE Md.		b. COUNT			
	b. CITY OR TOWN	(If outside corporate limits, write	e RURAL	c. LENGTH OF STAY	IN 1b c	CITY OR TOWN	If outside corp	orote limits, write			est town)
	Milling				M	illington				14-	1
		SPITAL OR INSTITUTION (If not in hosp	ital, give street addres	is) d	. STREET ADDRESS					IS RESIDENCE ON A FARM?
00	3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF DEATH	Mont		Day	Year
	(Type or print) 5. SEX	Grove:		C.		odall	DEATH	March	1 IFUNDER 1	14,	1966 UNDER 24 HRS
				NEVER MARRIED	_			9. AGE (In years lost birthday)	-		ours Min.
	Male	White	WIDOWED		n 100b	t. 17,188	1	83 уп.	100 51717	1001 00 11	
7	during most of wo	ATION (Give kind of work riking life, even if retired)			INDUSTRE		e or roreign c	ountry)			HAT COUNTRY
4	Ret. Fan		F	arming.		Md.			U.	S.A.	
	13. FATHER'S NAME					AOTHER'S MAIDEN					
	Daniel R.					nna E. He	ndrick				
	15. WAS DECEASED [Yas, no, or unknown]	EVER IN U. S. ARMED FO		OCIAL SECURITY NO.	17, INFORA	MANT		Address			
	No.		21	6-48-6126	Irvi	n Woodall		Milli	Ington	, Md.	21651
	18. CAUSE OF D	EATH [Enter only one cau						~ -		INTERVAL ONSET AL	BETWEEN ND DEATH
	PART I. D	MAEDIATE CAUSED BY:	arte	sio selevi	Tie Ca	ichioras	enlar	Desour,		6-	841111
	427	/ DUETO									
	Conditions, if	ony, which) (b)									•
	gove rise to im	mediate couse									
	(o), stating the	fc									
		OTHER CICANDICAND CON	DITIONS CO	NTRIBUTING TO DEATH	H BUT NOT RE	LATED TO THE TERM	MINAL DISEASI	CONDITION GIV	EN IN PART	1(0) 19. \	WAS AUTOPSY
	Z PART II.	DILLEK SIGNILICANI COM									PERFORMED?
	2 1	A Town	10/10/	-1-							NO M
0	2 1	CAUSE WAS 120	Section 19 and 1	HOW INJURY OCCUR	RRED. (Enter no	alure of injury in Pa	ort I or Port II	of item 18.)		1153	□ NO X
0	DACATO 200. EXTERNAL PRIMARY OF CAUSE OF DEAT	CAUSE WAS CONTRIBUTING D 20	Section 19 and 1	HOW INJURY OCCUR						1153	□ мо 🗖
0	DACATO 200. EXTERNAL PRIMARY OF CAUSE OF DEAT	CAUSE WAS CONTRIBUTING D FH. UJURY Month, Day, Yee m.	b. DESCRIBE or 20d. In White	HOW INJURY OCCUR NJURY OCCURRED 20 Not white	Oe. PLACE OF	INJURY (Home, fareet, office bldg., et	rm, 120f. (City		{Cour		NO NO
0	PRIMARY Or CAUSE OF DEAT 20c. TIME OF IN Hour a. P.	CAUSE WAS CONTRIBUTING D TH. JURY Month, Doy, Yee m. 19	DESCRIBE ar 20d. IN While of wor	HOW INJURY OCCUR NJURY OCCURRED Not work	Ge. PLACE OF foctory, str	INJURY (Home, for eet, office bidg., et	rm. 20f. (City	or tawn)		nty)	(Stote)
0	DACACO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF IN Hour a. p. 21, 1 certify	CAUSE WAS CONTRIBUTING D TH. JURY Month, Day, Yea m. 19 that I took charge	20d. In White of wor	HOW INJURY OCCURRED 20 k of work amains described	Ge. PLACE OF foctory, str	INJURY (Home, far eet, office bldg., et	rm. 20f. (City	or town)	Inquiry	niy)	(Stote)
0	DACACO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF IN Hour a. p. 21, 1 certify	CAUSE WAS CONTRIBUTING D TH. JURY Month, Doy, Yee m. 19	20d. In White of wor	HOW INJURY OCCURRED 20 k of work amains described	Oe. PLACE OF foctory, str	INJURY (Home, far eet, office bldg., et	rm. 20f. (City	or tawn)	Inquiry	niy)	(Stote)
0	DACACO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF DEAT TO CAUSE OF IN Hour a. p. 21, 1 certify	CAUSE WAS CONTRIBUTING D TH. JURY Month, Day, Yea m. 19 that I took charge	20d. In White of wor	HOW INJURY OCCURRED 20 k of work amains described	Ge. PLACE OF foctory, str	INJURY (Home, fareet, office bidg., et	im, 20f. (City	or town) Ispection, Indetermined of	Inquiry	nty)	(Stote)
	200. EXTERNAL PRIMARY Or CAUSE OF DEAT 201. Time Of IN Hour o. P. 21. I certify death result ACTUAL SIGNATURE	CAUSE WAS CONTRIBUTING D TH. JURY Month, Day, Yea m. 19 that I took charge	ar 20d. In White of two courses	HOW INJURY OCCUR HURY OCCURRED Not white of work mains described Accident	Oe. PLACE OF foctory, strong dabave, by Suicide	INJURY (Home, fareest, office bidg., et	im, 20f. (City	or town) Ispection, Indetermined of	Inquiry	nty)	(Stote) and find the
7	20. EXTERNAL PRIMARY Or CAUSE OF DEAT OF LAUSE OF DEAT OF LAUSE OF DEAT OF LAUSE OF DEAT OF LAUSE OF L	CAUSE WAS COUNTRIBUTING D TH. UJURY Month, Day, Yea That I took charge and from: Natural QLENTW- ROBER	ar 20d. In White of wor couses &	HOW INJURY OCCUR HURY OCCURRED Not white of work mains described Accident	Oe. PLACE OF foctory, strong dabave, by Suicide	INJURY (Home, fareet, office bidg., et	20f. (City sy, ir le, Ur EXAMINER CAL EXAMINE	or town) aspection [], andetermined of	Inquiry	nty)	(State) and find the
4	20c. EXTERNAL PRIMARY Or CAUSE OF DEAT 20c. TIME OF IN Hour a. 21. I certify death result ACTUAL SIGNATURE EXAMINER'S NAME (Typo) 220. BURIAL, CREMA	CAUSE WAS CONTRIBUTING D TH. THURY Month, Day, Yea That I took charge The Contribution of the Contribu	ar 20d. In White of wor of the recauses &	HOW INJURY OCCUR HURY OCCURRED Not white of work mains described Accident	d abave, t Suicide	INJURY [Home, fareet, office bldg., et leld an Autap], Homicid CHIEF MEDICAL I ASSISTANT MEDICAL DEPUTY MEDICAL	EXAMINER CAL EXAMINER	or town) aspection [], andetermined of	Inquiry	nty)	(State) and find the
2	20. EXTERNAL PRIMARY Or CAUSE OF DEAT OF LAUSE OF DEAT OF LAUSE OF DEAT OF LAUSE OF DEAT OF LAUSE OF L	CAUSE WAS CONTRIBUTING 20 HH. JURY Month, Doy, Yee m. 19 That I took charge ed from: Natural QLENTW: ROBER** ATION, 122b. DATE THEREC	ar 20d. In White of wor of the recauses &	HOW INJURY OCCUR RJURY OCCURRED ROLL While Propried Accident Accident FARR RICEL NAME OF CEMETIC Crumpton C	Oe. PLACE OF foctory, str. d abave, t , Suicide M.D	INJURY (Home, for eet, office bidg., et eet, office bidg.	EXAMINER CALEXAMINER CALEXAMIN	or town) Inspection, Indetermined a	Inquiry	nty)	(Stote) and find the ATE SIGNED
9	200. EXTERNAL PRIMARY 0 or CAUSE OF DEAT CAUSE OF DEAT 20c. TIME OF IN Hour 0. P. 21. 1 certify death result ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220. BURIAL, CREMA REMOVAL (Spec	CAUSE WAS CONTRIBUTING D 20 TH. JURY Month, Doy, Yee m. 19 That I took charge red from: Natural Robert Was Robert Was A BER Jition, 22b. Date Therect Mare 18, 19	ar 20d. In White of wor of the recauses &	HOW INJURY OCCUR NJURY OCCURRED Not white of work Accident Accident FARR 22C. NAME OF CEMETE	Oe. PLACE OF foctory, str. d abave, t , Suicide M.D	INJURY (Home, fareet, office bidg., et leld an Autap	EXAMINER CALEXAMINER CALEXAMIN	or town) aspection [], adetermined of R [] FION (City, town, otton, Q. A. RAR [24b, REGI	Inquiry	nty) y □, c -16	(State) and find the ATE SIGNED -66 (State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

